REMARKS / ARGUMENTS

Claims 1-3 and 5-6 are rejected under 35 USC 103(a) over Raza et al and Canepa et al in view of Drevs et al. Applicants request reconsideration and withdrawal of this rejection for the reasons that follow.

Canepa et al discloses that thalidomide inhibits VEGF- and bFGF-induced angiogenesis. Drevs et al discloses that PTK787 inhibits VEGF receptor tyrosine kinase activity, which results in an antiangiogenic effect, and as disclosing that PTK787 is used in renal cancer. At best, Capena et al and Drevs et al may lead to the expectation that both thalidomide and PTK787 possess antiangiogenic properties. However, neither of these references provides any disclosure that would lead the skilled artisan to expect thalidomide's activity against cytopenias in MDS patients, which is reported in Raza et al, to be associated with its antiangiogenic properties.

It is clear that Raza et al selected thalidomide for its cytoprotective and/or anticytokine properties, and not for its antiangiogenic properties. At the first paragraph of the Discussion which begins on page 962, Raza et al teaches that thalidomide alleviated the cytopenias of some patients with MDS and further discloses that the reported study is the latest in a series of clinical trials conducted over 6 years using anticytokine and cytoprotective agents. At page 958, last sentence of the first paragraph of the Introduction, Raza et al discloses that substantial improvements in the cytopenias of some MDS patients resulted from attempts to suppress excessive cytokine-mediated apoptosis with cytoprotective and/or anticytokine therapies. Based on this disclosure, one of ordinary skill would most reasonably understand that Raza et al believed the reported improvement in the cytopenias of MDS patients to be due primarily to thalidomide's cytoprotective and/or anticytokine properties, and not due to its antiangiogenic properties.

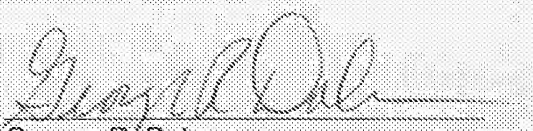
At best, Raza et al is properly relied on as suggesting that MDS may be treated with compounds having cytoprotective and/or anticytokine properties similar to those of thalidomide. However, none of the references even hints that PTK787 may possess such properties. Therefore, the presently claimed invention is patentable over the combined disclosure of the references.

Applicants request withdrawal of the rejection of claims 1-3 and 5-6 under 35 USC 103(a) for the reasons discussed above.

Claim 4 was rejected under 35 USC 103(a) over Raza et al and Canepa et al in view of Drevs et a in further view of Calabresi et al. Since Calabresi et al does not overcome the reasons discussed above with respect to Raza et al, Canepa et al and Drevs et al, Applicants request withdrawal of this rejection for the same reasons discussed above with respect to claims 1-3 and 4-6.

Entry of this amendment and reconsideration and allowance of the claims are respectfully requested.

Respectfully submitted,



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